Attachment 1

Medicaid Services Included/Not Included in the Family Care Benefit Package

Medicaid Services Included in the Family Care Benefit Package

The following Medicaid-covered services are available through the Family Care CMOs.

- Case Management provided by case management agencies.
 - Except Discharge Planning provided in a hospital inpatient setting.
- Home Care Services provided by home health agencies, personal care agencies, independent nurses, and respiratory therapists.
 - ✓ Home health aide services.
 - ✓ Personal care.
 - ✓ Skilled nursing (including independent nursing services).
 - Intermittent (less than 8 hours per day).
 - Private duty nursing (8 or more hours per day).
 - Respiratory care.
 - ✓ Occupational and physical therapy, and speech and language pathology services (see Therapy Services below).
- Mental Health/Substance Abuse and Related Services - provided by mental health providers, substance abuse (alcohol and other drug abuse) treatment providers, day treatment programs, community support programs.
 - ✓ Mental health and substance abuse (alcohol and other drug abuse) services.
 - Except those services provided by a physician.
 - Except those services provided in an inpatient hospital setting.

- ✓ Day treatment (mental health and substance abuse).
- ✓ Child/adolescent mental health day treatment.
- ✓ Community Support Program services.
 - Except when provided by a physician.
 - Except non-psychiatric medication and treatment services.
- ✓ In-home intensive psychotherapy.
- ✓ In-home autism treatment.
- Nursing Facilities all nursing facility stays (including Intermediate Care Facility for People with Mental Retardation [ICF/MR] and Institution for Mental Disease [IMD]).
 - ✓ Except lab and radiology ancillary services.
- Supplies and Equipment provided by any provider.
 - ✓ Disposable medical supplies.
 - Except supplies used in a hospital or physician clinic.
 - ✓ Durable medical equipment (DME) purchased or rented in all settings.
 - Except for hearing aids, hearing aid accessories, hearing aid batteries, and assistive listening devices.
 - Except for prosthetics.
 - ✓ Repair and maintenance of DME.
 - Except for repair and maintenance of hearing aids and assistive listening devices.
 - Except for repair and maintenance of prosthetics.
 - ✓ Orthotics (purchase and repair).

- Therapy Services provided by therapy and speech and language providers.
 - Occupational therapy.
 - Except those services provided by physicians in clinic settings.
 - Except those services provided in an inpatient hospital setting.
 - ✓ Physical therapy.
 - Except those services provided by physicians in clinic settings.
 - Except those services provided in an inpatient hospital setting.
 - ✓ Speech and language pathology services.
 - Except those services provided by physicians in clinic settings.
 - Except those services provided in an inpatient hospital setting.
- Transportation provided by specialized medical vehicle providers.

Medicaid Services Not Included in the Family Care Benefit Package

The following Medicaid services are not included in the Family Care benefit package. Providers and counties should continue to bill these services to Wisconsin Medicaid for Medicaideligible Family Care recipients.

- Alcohol and other drug abuse services provided by a physician or provided in an inpatient hospital setting.
- Ambulance transportation.
- Audiology.
- Chiropractic.
- Crisis intervention services.
- Dentistry.
- Eyeglasses.
- Family planning services.

- Hearing aids (including batteries, accessories, and assistive listening devices, and repair and maintenance of hearing aids and assistive listening devices).
- Hospice.
- Hospital: Inpatient (except DME).
- Hospital: Outpatient (except physical therapy, occupational therapy, speech and language pathology, mental health services, and substance abuse [alcohol and other drug abuse] treatment).
- Independent nurse practitioner services.
- Lab and X-ray.
- Mental health services provided by a physician or provided in an inpatient hospital setting.
- Nurse midwife services.
- Optometry.
- Pharmaceuticals.
- Physician services.
- Podiatry.
- Prenatal care coordination.
- Prosthetics (including repair and maintenance).
- School-based services.
- Transportation by common carrier (the billing method for this service remains unchanged).